MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET

SERIAL NO.	FILING DATE
APPLICANT(S)	

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT										
	IND	DEP	IND	DEP	IND	DEP		IND	DEP	IND	DEP	IND	DEP		
1	1						51								
2	1						52								
3	1						53								
4		1					54								
5		1					55								
6		1					56								
7	1	1					57								
8		1					58								
9		1					59	1							
10	1						60		1						
11		2					61								
12	1						62								
13		11					63								
14		2					64								
15		1					65	1							
16		1					66								
17		0					67								
18		0					68								
19		1					69								
20		1					70								
21		1					71								
22		1					72								
23		1					73								
24		1					74								
25		1					75								
26		1					76								
27		1					77								
28		1					78								
29		2					79								
30		1					80								
31		11					81								
32		2					82								
33		1					83								
34		1					84								
35		0					85								
36		1					86								
37		1					87								
38		14					88								
39		13					89								
40		13					90								
41		11					91								
42		1					92								
43		1					93								
44		1					94								
45		1					95								
46		2					96								
47		2					97								
48							98								
49							99								
50							100								
TOTAL IND.	8						TOTAL IND.								
TOTAL DEP.	112						TOTAL DEP.								
TOTAL CLAIMS	120						TOTAL CLAIMS								